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AUG 01 2006
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23364 7590 05/25/2006

BACON & THOMAS, PLLC
625 SLATERS LANE
FOURTH FLOOR
ALEXANDRIA, VA 22314

ATTN: JUSTIN J. CASSELL

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/679,487	10/07/2003	Gudjon G. Karason	KARA3003/JEK/JJC	4040

ITLE OF INVENTION: PROSTHESIS SOCKET DIRECT CASTING DEVICE HAVING MULTIPLE COMPRESSION CHAMBERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/25/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DAVIS, ROBERT B	1722	264-314000			

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Bacon & Thomas PLLC**
2. _____
3. _____

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ossur hf

Reykjavik, Iceland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

The following fee(s) are enclosed:

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Typed or printed name JUSTIN J. CASSELL

08/02/2006 AUGUST 02, 2006 10679487
Date

01 FC:1501	46,205	1400.00	OP
02 FC:1504		300.00	OP
03 FC:0001		12.00	OP

A collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: GUDJON KARASON

SERIAL NO.: 10/679,487

FILED: October 7, 2003

FOR: Prostheses Socket Direct Casting Device
Having Multiple Compression Chambers

GROUP ART UNIT: 1722

EXAMINER: Robert B. Davis

ATTY. REFERENCE: KARA3003/JEK/JJC

COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

- Issue Fee Transmittal
- Check in the Amount of \$1,712.00 (Issue Fee - \$1,400; Publication Fee - \$300; Advance Copies - \$12)
- Please debit or credit Deposit Account Number 02-0200 for any deficiency or surplus in connection with this communication.

23364

CUSTOMER NUMBER

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Date: August 2, 2006

Respectfully submitted,

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